

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	62814	9/27/00
O.I.P.E. CLASSIFIER		43	9/27/00
FORMALITY REVIEW	CH	71632	11/3/00
RESPONSE FORMALITY REVIEW	CH	71632	1-2-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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